

Recipient Committee
Campaign Statement

Type or print in ink.

COVER PAGE

(Government Code Sections 84200-84216.5)

REVIEWED BY

S. J. Blackston
City Clerk/Dep. City Clerk
Date *10/24/00*

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from *1-1-00*
through *6-30-00*

Date of election if applicable:
(Month, Day, Year)

Date Stamp	CALIFORNIA FORM 460
RECEIVED	Page <i>1</i> of <i>6</i>
00 OCT 24 PM 1:01	For Official Use Only
SUSAN J. BLACKSTON CITY CLERK CITY OF LODI	

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- ☒ Officeholder, Candidate
Controlled Committee
(Also Complete Part 4.)
- ☐ Ballot Measure Committee
- ☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 5.)

- ☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 6.)
- ☐ General Purpose Committee
- ☐ Sponsored
☐ Broad Based

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Pre-election
Statement - Attach Form 495

Various Contributions

3. Committee Information

I.D. NUMBER
922038

COMMITTEE NAME

*Committee to Elect
Stephen MANN*

STREET ADDRESS (NO P.O. BOX)

111 N. Crescent

CITY STATE ZIP CODE AREA CODE/PHONE

LODI CA 95240 209-334-5943

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Robert A. Rochet

MAILING ADDRESS

1135 Waterson

CITY STATE ZIP CODE AREA CODE/PHONE

LODI CA 95242 209-334-665

NAME OF ASSISTANT TREASURER, IF ANY

Stephen J. Mann

MAILING ADDRESS

111 N. Crescent

CITY STATE ZIP CODE AREA CODE/PHONE

LODI CA 95240 209-334-5943

OPTIONAL: FAX/E-MAIL ADDRESS

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COVER PAGE - PART 2

CALIFORNIA
FORM 460

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NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)

CITY

STATE

ZIP

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

CITY

STATE

ZIP CODE

AREA CODE/PHONE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

DATE

Executed on

DATE

Executed on

DATE

Executed on

DATE

3y

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

3y

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

3y

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

3y

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT